

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

|  |  |
|--|--|
| County(ies): <u>San Diego</u>  | Fiscal Year: <u>2006-07</u>                  |
| Program Workplan #: <u>A-4</u>                                       | Date: <u>2/28/06</u>                         |
| Program Workplan Name: <u>Family Education Services</u>              | Page: <u>1 of 6</u>                          |
| Type of Funding: <u>2. System Development</u>                        | Months of Operation: <u>12</u>               |
| Proposed Total Client Capacity of Program/Service: <u>240</u>        | New Program/Service or Expansion: <u>New</u> |
| Existing Client Capacity of Program/Service: <u>0</u>                | Prepared by: <u>Michelle Peterson</u>        |
| Client Capacity of Program/Service Expanded through MHSA: <u>240</u> | Telephone Number: <u>(619) 563-2715</u>      |

|   | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers | Total    |
|---|---------------------------------|-----------------------------|--|----------|
| <b>A. Expenditures</b>  |                                 |                             |  |          |
| <b>1. Client, Family Member and Caregiver Support Expenditures</b>            |                                 |                             |  |          |
| a. Clothing, Food and Hygiene   |                                 |                             |  | \$0      |
| b. Travel and Transportation  |                                 |                             |  | \$0      |
| c. Housing  |                                 |                             |  |          |
| i. Master Leases  |                                 |                             |  | \$0      |
| ii. Subsidies   |                                 |                             |  | \$0      |
| iii. Vouchers   |                                 |                             |  | \$0      |
| iv. Other Housing   |                                 |                             |  | \$0      |
| d. Employment and Education Supports  |                                 |                             |  | \$0      |
| e. Other Support Expenditures (provide description in budget narrative)       |                                 |                             |  | \$0      |
| f. Total Support Expenditures   | \$0                             | \$0                         | \$0  | \$0      |
| <b>2. Personnel Expenditures</b>  |                                 |                             |  |          |
| a. Current Existing Personnel Expenditures (from Staffing Detail)             |                                 |                             |  | \$0      |
| b. New Additional Personnel Expenditures (from Staffing Detail)               |                                 |                             |  | \$0      |
| c. Employee Benefits  |                                 |                             |  | \$0      |
| d. Total Personnel Expenditures   | \$0                             | \$0                         | \$0  | \$0      |
| <b>3. Operating Expenditures</b>  |                                 |                             |  |          |
| a. Professional Services  |                                 |                             |  | \$0      |
| b. Translation and Interpreter Services                                       |                                 |                             |  | \$0      |
| c. Travel and Transportation  |                                 |                             |  | \$0      |
| d. General Office Expenditures  |                                 |                             |  | \$0      |
| e. Rent, Utilities and Equipment  |                                 |                             |  |          |
| f. Medication and Medical Supports  |                                 |                             |  | \$0      |
| g. Other Operating Expenses (provide description in budget narrative)         |                                 |                             |  | \$0      |
| h. Total Operating Expenditures   | \$0                             | \$0                         | \$0  | \$0      |
| <b>4. Program Management</b>  |                                 |                             |  |          |
| a. Existing Program Management  |                                 |                             |  | \$0      |
| b. New Program Management   |                                 |                             |  | \$0      |
| c. Total Program Management   |                                 | \$0                         | \$0  | \$0      |
| <b>5. Estimated Total Expenditures when service provider is not known</b>     | \$70,000                        |                             |  | \$70,000 |
| <b>6. Total Proposed Program Budget</b>                                       | \$70,000                        | \$0                         | \$0  | \$70,000 |
| <b>B. Revenues</b>  |                                 |                             |  |          |
| <b>1. Existing Revenues</b>   |                                 |                             |  |          |
| a. Medi-Cal (FFP only)  |                                 |                             |  | \$0      |
| b. Medicare/Patient Fees/Patient Insurance                                    |                                 |                             |  | \$0      |
| c. Realignment  |                                 |                             |  | \$0      |
| d. State General Funds  |                                 |                             |  | \$0      |
| e. County Funds   |                                 |                             |  | \$0      |
| f. Grants   |                                 |                             |  |          |
| g. Other Revenue  |                                 |                             |  | \$0      |
| h. Total Existing Revenues  | \$0                             | \$0                         | \$0  | \$0      |
| <b>2. New Revenues</b>  |                                 |                             |  |          |
| a. Medi-Cal (FFP only)  |                                 |                             |  | \$0      |
| b. Medicare/Patient Fees/Patient Insurance                                    |                                 |                             |  | \$0      |
| c. State General Funds  |                                 |                             |  | \$0      |
| d. Other Revenue  |                                 |                             |  | \$0      |
| e. Total New Revenue  | \$0                             | \$0                         | \$0  | \$0      |
| <b>3. Total Revenues</b>  | \$0                             | \$0                         | \$0  | \$0      |
| <b>C. One-Time CSS Funding Expenditures</b>                                   | \$8,077                         |                             |  | \$8,077  |
| <b>D. Total Funding Requirements</b>  | \$78,077                        | \$0                         | \$0  | \$78,077 |
| <b>E. Percent of Total Funding Requirements for Full Service Partnerships</b> |                                 |                             |  | 0.0%     |

**EXHIBIT 5b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

|  |  |
|--|--|
| County(ies): <u>San Diego</u>  | Fiscal Year: <u>FY 06-07</u>                 |
| Program Workplan #: <u>A-4</u>                                       | Date: <u>2/28/06</u>                         |
| Program Workplan Name: <u>Family Education Services</u>              | Page: <u>2 of 6</u>                          |
| Type of Funding: <u>2. System Development</u>                        | Months of Operation: <u>12</u>               |
| Proposed Total Client Capacity of Program/Service: <u>240</u>        | New Program/Service or Expansion: <u>New</u> |
| Existing Client Capacity of Program/Service: <u>0</u>                | Prepared by: <u>Michelle Peterson</u>        |
| Client Capacity of Program/Service Expanded through MHSA: <u>240</u> | Telephone Number: <u>(619) 563-2715</u>      |

| Classification                       | Function                                | Client, FM & CG FTEs <sup>a/</sup> | Total Number of FTEs | Salary, Wages and Overtime per FTE <sup>b/</sup> | Total Salaries. Wages and Overtime |
|--------------------------------------|---|------------------------------------|----------------------|--|------------------------------------|
| <b>A. Current Existing Positions</b> |   |                                    |                      |  | \$0                                |
|                                      |   |                                    |                      |  | \$0                                |
|                                      |   |                                    |                      |  | \$0                                |
|                                      |   |                                    |                      |  | \$0                                |
|                                      |   |                                    |                      |  | \$0                                |
|                                      |   |                                    |                      |  | \$0                                |
|                                      |   |                                    |                      |  | \$0                                |
|                                      |   |                                    |                      |  | \$0                                |
|                                      |   |                                    |                      |  | \$0                                |
|                                      |   |                                    |                      |  | \$0                                |
|                                      |   |                                    |                      |  | \$0                                |
|                                      |   |                                    |                      |  | \$0                                |
|                                      |   |                                    |                      |  | \$0                                |
|                                      | <b>Total Current Existing Positions</b> | 0.00                               | 0.00                 |  | \$0                                |
| <b>B. New Additional Positions</b>   | Coordinator                             | 0.40                               | 0.40                 |  | \$0                                |
|                                      |   |                                    |                      |  | \$0                                |
|                                      |   |                                    |                      |  | \$0                                |
|                                      |   |                                    |                      |  | \$0                                |
|                                      |   |                                    |                      |  | \$0                                |
|                                      |   |                                    |                      |  | \$0                                |
|                                      |   |                                    |                      |  | \$0                                |
|                                      |   |                                    |                      |  | \$0                                |
|                                      |   |                                    |                      |  | \$0                                |
|                                      |   |                                    |                      |  | \$0                                |
|                                      |   |                                    |                      |  | \$0                                |
|                                      |   |                                    |                      |  | \$0                                |
|                                      |   |                                    |                      |  | \$0                                |
|                                      | <b>Total New Additional Positions</b>   | 0.40                               | 0.40                 |  | \$0                                |
| <b>C. Total Program Positions</b>    |   | 0.40                               | 0.40                 |  | \$0                                |

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.  
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

## Mental Health Services Act CSS Budget Narrative

County(ies): San Diego

Fiscal Year: 2006-07

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Program Workplan #: A-4

Date: 02/28/06

Program Workplan Name: Family Education Services

Type of Funding: 2. System Development

New Program/Service or Expansion: New

| <u>Line #</u> | <u>Amount</u> | <u>Description / Justification</u>  |
|---------------|---------------|---|
| A.5           | \$70,000      | Estimated Total Expenditures (when service provider is not known) were derived by calculating the average cost per client for similar services among existing providers from FY 2005-06 budgets times the number of clients expected to be served in the fiscal year. The budget will provide for a part-time Coordinator, funds for translation of curriculum, training of volunteer trainers and coordination of family education classes. This budget is for 12 months beginning July 1, 2006 - June 30, 2007.   |
| B.2.a         | \$0           | If applicable, new revenues were estimated for Medi-Cal (FFP only) given the estimated number of clients and services expected to be Medi-Cal eligible. Programs without Medi-Cal revenue are targeting the unserved non-Medi-Cal eligible population and/or are providing non-billable Medi-Cal services.  |
| C             | \$8,077       | One-Time CSS Funding Expenditures are the sum of the following:<br><br>One-time CSS funding for start-up and implementation expenditures for this program are equivalent to 6 weeks of service operations. Our County has used this method before with new programs and based on our past experience the equivalent of 6 weeks of funding seems to be a sufficient amount for Contractors to purchase most of the equipment and supplies needed for a new program. The majority of start-up funds are budgeted to purchase equipment such as computer hardware, software, cell phones, copier, fax, furniture and other office equipment and transportation for clients (if needed). Additionally, these funds may be used to secure or expand office space. Implementation funds are also needed for program staff to recruit, hire, and train personnel and will be used to develop initial program outreach strategies to get this program up and running. These start-up costs will be expended in the first quarter of FY 06-07 between July 1, 2006 - September 30, 2006. |
| D             | \$78,077      | Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.   |

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

|  |  |
|--|--|
| County(ies): <u>San Diego</u>  | Fiscal Year: <u>2007-08</u>                  |
| Program Workplan #: <u>A-4</u>                                       | Date: <u>2/28/06</u>                         |
| Program Workplan Name: <u>Family Education Services</u>              | Page: <u>4 of 6</u>                          |
| Type of Funding: <u>2. System Development</u>                        | Months of Operation: <u>12</u>               |
| Proposed Total Client Capacity of Program/Service: <u>240</u>        | New Program/Service or Expansion: <u>New</u> |
| Existing Client Capacity of Program/Service: <u>0</u>                | Prepared by: <u>Michelle Peterson</u>        |
| Client Capacity of Program/Service Expanded through MHSA: <u>240</u> | Telephone Number: <u>(619) 563-2715</u>      |

|   | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers | Total    |
|---|---------------------------------|-----------------------------|--|----------|
| <b>A. Expenditures</b>  |                                 |                             |  |          |
| <b>1. Client, Family Member and Caregiver Support Expenditures</b>            |                                 |                             |  |          |
| a. Clothing, Food and Hygiene   |                                 |                             |  | \$0      |
| b. Travel and Transportation  |                                 |                             |  | \$0      |
| c. Housing  |                                 |                             |  |          |
| i. Master Leases  |                                 |                             |  | \$0      |
| ii. Subsidies   |                                 |                             |  | \$0      |
| iii. Vouchers   |                                 |                             |  | \$0      |
| iv. Other Housing   |                                 |                             |  | \$0      |
| d. Employment and Education Supports  |                                 |                             |  | \$0      |
| e. Other Support Expenditures (provide description in budget narrative)       |                                 |                             |  | \$0      |
| f. Total Support Expenditures   | \$0                             | \$0                         | \$0  | \$0      |
| <b>2. Personnel Expenditures</b>  |                                 |                             |  |          |
| a. Current Existing Personnel Expenditures (from Staffing Detail)             |                                 |                             |  | \$0      |
| b. New Additional Personnel Expenditures (from Staffing Detail)               |                                 |                             |  | \$0      |
| c. Employee Benefits  |                                 |                             |  | \$0      |
| d. Total Personnel Expenditures   | \$0                             | \$0                         | \$0  | \$0      |
| <b>3. Operating Expenditures</b>  |                                 |                             |  |          |
| a. Professional Services  |                                 |                             |  | \$0      |
| b. Translation and Interpreter Services                                       |                                 |                             |  | \$0      |
| c. Travel and Transportation  |                                 |                             |  | \$0      |
| d. General Office Expenditures  |                                 |                             |  | \$0      |
| e. Rent, Utilities and Equipment  |                                 |                             |  |          |
| f. Medication and Medical Supports  |                                 |                             |  | \$0      |
| g. Other Operating Expenses (provide description in budget narrative)         |                                 |                             |  | \$0      |
| h. Total Operating Expenditures   | \$0                             | \$0                         | \$0  | \$0      |
| <b>4. Program Management</b>  |                                 |                             |  |          |
| a. Existing Program Management  |                                 |                             |  | \$0      |
| b. New Program Management   |                                 |                             |  | \$0      |
| c. Total Program Management   |                                 | \$0                         | \$0  | \$0      |
| <b>5. Estimated Total Expenditures when service provider is not known</b>     | \$70,000                        |                             |  | \$70,000 |
| <b>6. Total Proposed Program Budget</b>                                       | \$70,000                        | \$0                         | \$0  | \$70,000 |
| <b>B. Revenues</b>  |                                 |                             |  |          |
| <b>1. Existing Revenues</b>   |                                 |                             |  |          |
| a. Medi-Cal (FFP only)  |                                 |                             |  | \$0      |
| b. Medicare/Patient Fees/Patient Insurance                                    |                                 |                             |  | \$0      |
| c. Realignment  |                                 |                             |  | \$0      |
| d. State General Funds  |                                 |                             |  | \$0      |
| e. County Funds   |                                 |                             |  | \$0      |
| f. Grants   |                                 |                             |  |          |
| g. Other Revenue  |                                 |                             |  | \$0      |
| h. Total Existing Revenues  | \$0                             | \$0                         | \$0  | \$0      |
| <b>2. New Revenues</b>  |                                 |                             |  |          |
| a. Medi-Cal (FFP only)  |                                 |                             |  | \$0      |
| b. Medicare/Patient Fees/Patient Insurance                                    |                                 |                             |  | \$0      |
| c. State General Funds  |                                 |                             |  | \$0      |
| d. Other Revenue  |                                 |                             |  | \$0      |
| e. Total New Revenue  | \$0                             | \$0                         | \$0  | \$0      |
| <b>3. Total Revenues</b>  | \$0                             | \$0                         | \$0  | \$0      |
| <b>C. One-Time CSS Funding Expenditures</b>                                   |                                 |                             |  | \$0      |
| <b>D. Total Funding Requirements</b>  | \$70,000                        | \$0                         | \$0  | \$70,000 |
| <b>E. Percent of Total Funding Requirements for Full Service Partnerships</b> |                                 |                             |  | 0.0%     |

**EXHIBIT 5b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

|  |  |
|--|--|
| County(ies): <u>San Diego</u>  | Fiscal Year: <u>FY 07-08</u>                 |
| Program Workplan #: <u>A-4</u>                                       | Date: <u>2/28/06</u>                         |
| Program Workplan Name: <u>Family Education Services</u>              | Page: <u>5 of 6</u>                          |
| Type of Funding: <u>2. System Development</u>                        | Months of Operation: <u>12</u>               |
| Proposed Total Client Capacity of Program/Service: <u>240</u>        | New Program/Service or Expansion: <u>New</u> |
| Existing Client Capacity of Program/Service: <u>0</u>                | Prepared by: <u>Michelle Peterson</u>        |
| Client Capacity of Program/Service Expanded through MHSA: <u>240</u> | Telephone Number: <u>(619) 563-2715</u>      |

| Classification                       | Function   | Client, FM & CG<br>FTEs <sup>a/</sup> | Total Number<br>of FTEs | Salary, Wages and<br>Overtime per FTE <sup>b/</sup> | Total Salaries.<br>Wages and Overtime |
|--------------------------------------|--|---------------------------------------|-------------------------|---|---------------------------------------|
| <b>A. Current Existing Positions</b> |  |                                       |                         |   | \$0                                   |
|                                      |  |                                       |                         |   | \$0                                   |
|                                      |  |                                       |                         |   | \$0                                   |
|                                      |  |                                       |                         |   | \$0                                   |
|                                      |  |                                       |                         |   | \$0                                   |
|                                      |  |                                       |                         |   | \$0                                   |
|                                      |  |                                       |                         |   | \$0                                   |
|                                      |  |                                       |                         |   | \$0                                   |
|                                      |  |                                       |                         |   | \$0                                   |
|                                      |  |                                       |                         |   | \$0                                   |
|                                      |  |                                       |                         |   | \$0                                   |
|                                      |  |                                       |                         |   | \$0                                   |
|                                      |  |                                       |                         |   | \$0                                   |
|                                      |  |                                       |                         |   | \$0                                   |
|                                      | <b>Total Current Existing Positions</b>  | 0.00                                  | 0.00                    |   | \$0                                   |
| <b>B. New Additional Positions</b>   | Coordinator  | 0.40                                  | 0.40                    |   | \$0                                   |
|                                      |  |                                       |                         |   | \$0                                   |
|                                      | These staff positions are a likely profile for this workplan. However, the contractor shall propose the specific staffing for this program to best meet the program goals. |                                       |                         |   |                                       |
|                                      |  |                                       |                         |   | \$0                                   |
|                                      |  |                                       |                         |   | \$0                                   |
|                                      |  |                                       |                         |   | \$0                                   |
|                                      |  |                                       |                         |   | \$0                                   |
|                                      |  |                                       |                         |   | \$0                                   |
|                                      |  |                                       |                         |   | \$0                                   |
|                                      |  |                                       |                         |   | \$0                                   |
|                                      |  |                                       |                         |   | \$0                                   |
|                                      |  |                                       |                         |   | \$0                                   |
|                                      |  |                                       |                         |   | \$0                                   |
|                                      |  |                                       |                         |   | \$0                                   |
|                                      | <b>Total New Additional Positions</b>  | 0.40                                  | 0.40                    |   | \$0                                   |
| <b>C. Total Program Positions</b>    |  | 0.40                                  | 0.40                    |   | \$0                                   |

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.  
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

## Mental Health Services Act CSS Budget Narrative

County(ies): San Diego

Fiscal Year: 2007-08

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Program Workplan #: A-4

Date: 02/28/06

Program Workplan Name: Family Education Services

Type of Funding: 2. System Development

New Program/Service or Expansion: New

| <u>Line #</u> | <u>Amount</u> | <u>Description / Justification</u>  |
|---------------|---------------|---|
| A.5           | \$70,000      | Estimated Total Expenditures (when service provider is not known) were derived by calculating the average cost per client for similar services among existing providers from FY 2005-06 budgets times the number of clients expected to be served in the fiscal year. The budget will provide for a part-time Coordinator, funds for translation of curriculum, training of volunteer trainers and coordination of family education classes. This budget is for 12 months beginning July 1, 2007 - June 30, 2008. |
| B.2.a         | \$0           | If applicable, new revenues were estimated for Medi-Cal (FFP only) given the estimated number of clients and services expected to be Medi-Cal eligible. Programs without Medi-Cal revenue are targeting the unserved non-Medi-Cal eligible population and/or are providing non-billable Medi-Cal services.  |
| D             | \$70,000      | Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.   |